

CITY OF LOS ANGELES
POLICY ON THE HIV/AIDS EPIDEMIC

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INTRODUCTION

It was here in Los Angeles, in 1981, that the first warning signs appeared. Five cases of a rare pneumonia, previously seen only in those whose immune systems were severely depressed, were diagnosed at UCLA Medical Center.

It was not until years later that the full scope of the disaster became known. An insidious virus, able to hide out in the body for years without producing symptoms, had already spread silently to hundreds of thousands by the time it gave us that first hint of the coming devastation.

Today, in 1990, we know that 112,000 people in the County of Los Angeles alone are infected with the virus that causes AIDS (HIV, or Human Immunodeficiency Virus).

Sixty thousand (60,000) of those people reside in the City of Los Angeles. To date, more than five thousand (5,000) City residents have developed full-blown AIDS, and well over three thousand (3,000) have died. We know that without treatment, the majority of the rest of those with the virus will progress to symptomatic disease within a few short years. And we know that new cases of infection continue to occur.

In the City of Los Angeles, nearly half of all persons with AIDS are persons of color (African-American, Latino/Latina, Asian/Pacific Islander, Native American). A rapidly increasing percentage are women. The vast majority are gay and bisexual men, and one out of every three is a gay or bisexual man of color. The virus is making significant inroads among injection drug users, high-risk youth, and adolescents in general. There is increasing correlation between non-injection substance abuse, such as alcohol and cocaine, and high-risk behavior resulting in HIV transmission. Primary heterosexual transmission is fast becoming a reality in our inner cities, as it already is in much of the rest of the world.

But today we have ways to fight back. We know how the virus is spread. We know that its spread can be completely prevented by the implementation of simple precautions. We know how to treat those who are infected, in order to slow the progression of the disease and prevent some of the more serious complications. And we know what must be done to house and care for the sick in the most compassionate and effective ways.

We are no longer caught unaware. Today we have the tools to turn the corner on the greatest public health disaster of modern times.

An effective fight against HIV disease requires us to marshal an organized, honest, and urgent response at all levels of government. It requires us to review existing internal policies in a variety of areas, including confidentiality, workplace safety, discrimination, and our responsibility to educate our employees and the community. And we must continue to update and expand our policies as the epidemic grows and changes.

The City of Los Angeles began this process early, and has continued to search for creative ways to provide leadership in the battle.

This document sets forth the City's AIDS agenda for the coming decade. It is a comprehensive review of internal City policy, legislative policy, and direction for the City's AIDS programs in the community.

A BRIEF WORD ON TERMINOLOGY

A variety of terms are used to refer to the spectrum of disease caused by HIV, the Human Immunodeficiency Virus.

HIV generally causes no symptoms for the first several years of the infection. During this period, persons with HIV disease are referred to as "asymptomatic HIV positive", "asymptomatic HIV infected", or just "HIV positive".

As the disease progresses, persons with HIV develop a variety of initial symptoms which are generally not serious but which do indicate significant immune system damage. Such persons are often referred to as having "symptomatic HIV disease".

As more serious symptoms develop, persons with HIV may suffer serious enough immune system damage to be categorized as having "ARC", or "AIDS-Related Complex".

Technically, "AIDS", or "Acquired Immune Deficiency Syndrome", refers to the late stage of HIV disease, where a person has come down with one of a defined list of life-threatening infections and/or cancers characteristic of massive immune damage. However, in popular usage, "AIDS" has come to refer to the entire spectrum of the disease.

To avoid confusion, and to conform to convention, this document will use the terms "AIDS" and "HIV disease" interchangeably, to refer to the entire spectrum of disease caused by HIV.

THE CITY'S RESPONSE: A BACKGROUND POLICY REVIEW

The City Mobilizes

In Los Angeles, it is County government which has jurisdiction over health-related issues. But the scope of the AIDS emergency is so vast, and its consequences so grave, that every level of government must respond.

Since early in the epidemic, the City has sought to identify creative ways in which its resources could be brought to bear on the problem.

In 1985, Mayor Tom Bradley, in partnership with County Supervisor Edmund D. Edelman, created the City/County AIDS Task Force, which was the first local government entity to begin developing a coordinated response to AIDS.

AIDS Discrimination: Leading the Way

In June of that same year, the City held a series of hearings on the issue of AIDS discrimination -- an issue that squarely pitted civil rights and medical fact against irrational fear and prejudice.

On August 14, 1985, under the leadership of Councilman Joel Wachs, the City led the way on this crucial issue, becoming the first jurisdiction in the nation to enact AIDS discrimination protections. Many AIDS-affected cities and counties followed suit in the ensuing years.

The atmosphere of safety and compassion created by this first concrete policy statement helped to improve the quality of life for thousands of persons with HIV disease, and became all the more important as HIV testing, and later treatment, became available.

In December of 1985, the City Council and the Mayor, at the request of the City Attorney, created the nation's first full-time government AIDS discrimination attorney position in order to enforce the anti-discrimination ordinance, and develop public education strategies about the new law. The role of David Schulman, the City's AIDS discrimination attorney, soon expanded to include advising City staff on AIDS workplace law and policy, as well.

October 1987: Mobilizing the Departments

The next major policy issue which emerged was the need to ensure that City employees, and members of the public utilizing City programs, were adequately informed about HIV and the issues

relating to it. To address this need, on October 13, 1987, the Mayor and the City Council directed all City departments to develop AIDS policies, stating:

"[Departments are to ensure that]

- a.) Employees are regularly provided with...training, information, and updates...;
- b.) All policies, procedures, and activities thoroughly comply with current AIDS information regarding prevention, transmission, and protection of civil rights; and
- c.) Departmental interactions with the public are regularly utilized to educate citizens on how to prevent AIDS virus transmission and protect civil rights."

(Report of the Public Health, Human Resources, and Senior Citizens Committee, CF # 85-0869, adopted by Council October 13, 1987)

In the same October, 1987 action, the City Attorney and the Personnel Department were directed to "create roundtable seminars for all elected officials and department heads and managers", and "to devise methods for...Citywide distribution of accurate and frank AIDS information using all available City departments and resources." (Ibid.)

The October, 1987 action represented a major new step in the development of City AIDS policy. Beyond the initial arena of legal protections, the City now clearly delineated three new areas of City responsibility: employee AIDS training, comprehensive internal policy review, and public awareness and education through City departments.

In the month following this directive, representatives from elected City offices were briefed on AIDS policy issues. On December 15, 1987, and February 9, 1988, representatives from all City departments attended AIDS briefing sessions where they were advised by the City Attorney and the City's Medical Director to form standing departmental AIDS committees to coordinate implementation of the City Council's directives.

Departmental representatives were advised that each committee should include representatives from senior management, personnel, affirmative action, wellness, workplace safety, and each workplace function. Each committee was charged with review of all department activities affected by HIV, including workplace safety, discrimination, confidentiality of personnel matters, reasonable accommodation of employees with HIV, and community outreach.

These committees were also given responsibility for coordinating departmental HIV-related internal education

activities, maintaining current AIDS education materials, monitoring City AIDS policies, and serving as links between City departments and offices on AIDS issues.

New Medical Guidelines

The City's Medical Director also supplied new guidelines, at these same briefings, on management of exposure to blood-borne infections in the workplace. These included:

1. Inclusion of latex gloves in all first aid kits, to be used by any employee rendering first aid to a bleeding individual;
2. Inclusion of face masks with one way resuscitative valves in all first aid kits, to be used as a barrier against blood or vomit when providing cardio-pulmonary resuscitation.

An important aspect of this policy, reflecting a widespread national consensus, was that these precautions must be applied universally, whenever rendering aid, regardless of the perceived risk that the person being aided might be infected with a blood-borne disease.

Departmental Response

All departments formed AIDS committees at some level, though not all to the scope and extent called for in the original directive. A review of departmental AIDS committees determined that the degree of attention paid to AIDS in a department was a function of two basic perceptions:

1. The degree of perceived risk of on-the-job exposure to HIV and other blood-borne diseases.
2. The extent to which department employees had suffered the loss of a fellow employee or loved one to the disease.

Based on these two variables, some departments created extensive new policies and procedures around HIV issues, while others made few substantive changes.

New Issues Emerge

By 1988, the AIDS crisis had grown so rapidly and significantly that every level of government came under pressure to respond in the areas of prevention, treatment, and care.

The City, despite its lack of an actual health department, was able to identify, in partnership with representatives of AIDS-affected communities, two areas of potential involvement:

1. The City controls substantial amounts of grant funds to provide capital for residential projects; these could be used to address homelessness and the lack of alternatives to hospitalization among persons with HIV.
2. The City could launch its own AIDS prevention program, filling gaps in AIDS education where other levels of government had not responded.

The City also identified Job Training Partnership Act (JTPA) funds which could be used to train home health aides for people with HIV disease, in partnership with local community-based organizations. This unique innovation, addressing both unemployment and the need for home health care in low-income areas of the City, was implemented in mid-1989.

The City Hires an AIDS Coordinator

In late 1988, the Mayor proposed the creation of a City AIDS Coordinator position, to be located in the Community Development Department. The mission of the Coordinator would be:

1. To consolidate the internal City departmental efforts on AIDS training, policy review, and community outreach.
2. To develop a City AIDS policy.
3. To create and implement a comprehensive AIDS prevention program.
4. To create and implement an AIDS residential program.

For the AIDS residential program, \$1,000,000 in capital funds were identified in the 1989-90 budget. \$500,000 of these funds came from the Community Redevelopment Agency, and the other \$500,000 from the Community Development Department, using federal Community Development Block Grant funds (CDBG).

The City Council approved the creation of the Coordinator position in January, 1989.

At the same time, the City Council directed that an AIDS Advisory Panel be created with members to be appointed by the Mayor and the President of the City Council, to provide direct input from the many communities affected by AIDS into the City planning process.

On June 12, 1989, Dave Johnson -- an AIDS activist, and himself a person with AIDS-related complex -- was appointed the City's AIDS Coordinator. Mr. Johnson's appointment set a significant precedent for the City, and reflected the City's commitment to empower experts from AIDS-impacted constituencies to provide the leadership for the City's programs. Later that same year, a broad-based group of community AIDS leaders and activists was appointed to the AIDS Advisory Panel.

The City AIDS Task Force

The Coordinator convened representatives of all department-level AIDS committees on July 28, 1989. This group became known as the City AIDS Task Force.

The Task Force, largely through subcommittees, began a comprehensive review of the progress of the implementation of the October, 1987 Council policy directives, and a detailed discussion of the internal policy issues that remained to be resolved. The internal policies outlined in this document are the result of that effort.

The Regional Hearings

At the same time, the Coordinator convened a series of regional hearings in five different areas of the City to assess community priorities in residential services and AIDS education. Hearings were held in East Los Angeles, Hollywood, the San Fernando Valley, South Central Los Angeles, and West Los Angeles.

The Coordinator also assessed in detail the AIDS residential system of care in other cities (particularly San Francisco and New York City), and the scope of existing AIDS prevention efforts.

Two products emerged from this period of hearings and review.

First, a document entitled "An Overview of Residential Service Needs for People Living with HIV/AIDS" was produced. This document described in detail the need for shelter for homeless persons with AIDS, long-term care and affordable housing for people living with the disease, and hospice care for those in the end stages of AIDS.

On February 14, 1990, the City Council adopted this document as the City's AIDS housing policy.

Second, an education and prevention program was developed, designed to address gaps in the existing spectrum of AIDS education in Los Angeles.

The Residential and Education Programs are Launched

On February 15, 1990, a Notice of Funds Availability for the first round of the AIDS Residential Program was released, incorporating the \$1,000,000 allocated for fiscal 1989-90.

Three programs were provided with substantial capital funding in this first round: a hospice in Hollywood, a hospice in South Central Los Angeles, and a group of permanent, affordable housing units in Hollywood for persons with HIV.

On April 3, 1990, the City Council approved the Coordinator's recommendations for an initial \$85,000 for the City's AIDS education program. The program included:

1. Funding for AIDS prevention for injection drug users, including distribution of bleach kits and condoms.
2. Early treatment information targeted at racial and ethnic minority communities.
3. AIDS awareness and prevention projects in South Central Los Angeles and East Los Angeles.
4. Development of an automated service referral system for City residents.
5. Funding for a minority-targeted AIDS conference.

Looking to the Future

For fiscal 1990-91, another \$1,000,000 has been allocated for the AIDS residential program.

In addition, the education program has been greatly expanded, and direct service programs have been added for persons with HIV disease.

A total of \$475,000 has been allocated for 1990-91 in these areas. In addition to substantial expansion of three projects from 1989-90 (prevention for injection drug users, early treatment information for racial and ethnic minority communities, and AIDS awareness and prevention in South Central and East Los Angeles), the following new areas were added:

1. Rental assistance for persons with AIDS in danger of becoming homeless, using CDBG funds.
2. Funding for a marketing campaign to link HIV positive persons to early treatment.

The City's AIDS programs, from the Coordinator to the department level committees, must constantly assess the needs of the many impacted communities as the epidemic changes and grows, and must create a response which continues to place the City in a leadership role in fighting HIV disease in Los Angeles.

THE POLICY DOCUMENT

This document sets down in one place the fundamental principles, policies, and operating agenda for the City's battle against HIV disease, and against the fear and ignorance accompanying the epidemic.

The document is divided into four sections.

The first section sets forth the general principles that guide and inform the City's policies and programs.

The second section details the City's own AIDS-related workplace policies, including personnel issues, workplace safety, and employee training, education, and counseling.

The third section outlines the City's role in AIDS prevention and the AIDS system of care, including our residential, education, early treatment, and public awareness programs.

The fourth section is a legislative agenda for the City on HIV disease, and is recommended for incorporation into the City's Legislative Program.

RELATED AREAS OF POLICY REVIEW

The AIDS crisis has forced us to review not only our policies toward AIDS itself, but other more general policy areas as well.

Many of the policy statements in this document have broad policy applications beyond the issue of AIDS.

It is recommended that this policy document be reviewed by the Personnel Department, the City Attorney, the AIDS Coordinator, and the AIDS Advisory Panel to determine if additional, more general policies need to be adopted in the following areas:

Universal precautions for exposure to blood-borne infectious agents in the workplace

Verification of medical conditions for payment of sick time

Confidentiality of employee medical conditions

SECTION 1: GENERAL PRINCIPLES

The City of Los Angeles finds and declares the following to be its guiding principles in the battle against HIV disease:

1.1 The AIDS crisis is a natural disaster, and a global emergency. Government response must treat AIDS accordingly. All levels of government must respond with urgency, creativity, and honesty in the areas of prevention, treatment, and care.

1.2 The City of Los Angeles is not involved in the delivery of health services to the general public. But the City can play a major role in several areas of the fight against AIDS. These areas include, but are not necessarily limited to, the following:

- A. Planning and capital funding for residential services for persons with HIV
- B. AIDS prevention education
- C. Public awareness on AIDS issues
- D. Promotion of, and information about, HIV testing and early treatment
- E. Legislative and public advocacy on behalf of persons with HIV
- F. Enforcement of the City's anti-discrimination ordinance
- G. Development of model AIDS workplace guidelines
- H. Participation in planning and implementing a coordinated and effective system of AIDS services in Los Angeles County

1.3 The City is committed to provide adequate resources to implement this policy.

1.4 Given the diversity of constituencies impacted by HIV infection, the many environments in which HIV disease exists, and the broad spectrum of needs HIV produces, it is essential in the planning and implementation of AIDS programs that the agenda be set and implemented by the affected constituencies themselves.

1.5 The role of government in AIDS services is to empower the service providers and leaders in each community impacted by HIV disease to carry out what they know needs to be done for their people, in the way they best know how to do it, by promptly providing them with substantial resources and an effective, supportive partnership in program implementation and evaluation.

1.6 HIV disease is not spread by casual contact. HIV infection can only take place when blood or blood products of an infected individual are introduced directly into the blood system of another individual.

1.7 Therefore, there is no medical, legal, or ethical justification for discrimination against persons with HIV disease in housing, employment, medical and dental services, business establishments, city facilities, city services, or any other public accommodations.

1.8 Nevertheless, such discrimination against persons with HIV disease exists, and it is the responsibility of government, including City government, to vigorously combat it through a range of enforcement and education strategies.

1.9 City government, and all levels of government, must keep their employees informed about AIDS prevention, workplace safety issues related to HIV and other infectious diseases, HIV-related issues of law, policy, and civil rights, and AIDS treatment and care options. Such information is vital to promote protection of employees and their loved ones from HIV disease, to disseminate AIDS information throughout the City, and to assist City employees in making informed public policy decisions on AIDS issues.

1.10 City departments with any form of public contact have a responsibility to identify and implement creative ways to reach the general public with information about AIDS prevention, treatment, and care.

1.11 AIDS education efforts must assume that persons in the audience, whether employees or the general public, may already be infected with HIV. Therefore, the City's education programs, both those directed at its employees and those directed at the general public, must include information on early intervention, treatment, and care, as well as primary prevention.

1.12 Persons with HIV disease are not to blame for their illness. AIDS education and awareness programs must emphasize that all persons with HIV are innocent, and deserving of care and compassion. It is inaccurate and counterproductive to refer to some persons with HIV as "innocent victims", as if others are guilty of something.

1.13 All persons with HIV have a right to dignity, respect, full civil rights, and their own choice of options for their care and treatment. Persons with HIV also have a right to a voice in the planning of services and programs intended to assist them.

1.14 HIV affects a wide diversity of communities in Los Angeles. Therefore, all agencies funded by the City of Los Angeles to implement AIDS programs must demonstrate that they are responsive to, and will involve in program design and implementation, the following: women, persons of color (African-Americans, Latinos and Latinas, Asian/Pacific Islanders, and Native Americans), and gay, lesbian, and bisexual people of all racial and ethnic groups, in a compassionate and non-judgmental way.

SECTION TWO: THE CITY AS AN EMPLOYER

2.1 Personnel Issues

2.1.a Discrimination

No person with HIV disease, or perceived to have HIV disease, shall be discriminated against in hiring, promotion, referral for employment, job training, or employment status by any department or agency of the City of Los Angeles. [see generally Los Angeles Municipal Code Sections 45.80 - 45.93]

Under no circumstances may an HIV antibody test, or any other test designed to directly or indirectly assess a person's exposure to HIV, be used to screen employees or potential employees in hiring, job placement, or promotion. Employees may not be forced to take such a test under any circumstances, except where provided by statute, nor may employees be asked to take such a test, unless the employee is a source person or an exposed person in an exposure as provided in Section 2.2.

In addition, contractors, vendors, grant applicants, or visitors and participants at any City facilities shall not be discriminated against on the basis of having or being perceived to have HIV disease.

Employees or other persons who believe that rights have been violated and who are unable to achieve redress from their immediate supervisors or through higher supervisory channels, may bring a civil action pursuant to Los Angeles Municipal Code Section 45.90.

2.1.b Rights of persons with HIV in the workplace

Persons infected with HIV shall be considered by the City of Los Angeles to have a medical disability, and City procedures governing employees with a medical disability shall apply.

Persons infected with HIV who are employed by the City of Los Angeles shall have the right to reasonable accommodation of their disability, in accordance with applicable statutes and case law.

2.1.c Privacy and confidentiality

The City of Los Angeles recognizes the need of HIV-

infected employees for privacy and confidentiality in order to prevent AIDS discrimination.

City departments shall revise policies, procedures, and staff training regarding personnel matters, including sick leave and reasonable accommodation, to ensure all employees' privacy and confidentiality.

Special staff training and written materials regarding employee privacy shall be developed by the Personnel Department and reviewed by the City Attorney.

All employees shall be advised in writing and in special staff training that:

1. No City employee, including an HIV-infected employee, may be compelled to disclose any information about his or her illness to any other employee except pursuant to the workplace safety investigation described in Section 2.2.g.
2. Any medical information voluntarily disclosed by a City employee, including an HIV-infected employee, to another employee may not be further disclosed without the consent of the employee. Wrongful disclosure may result in disciplinary action and civil liability.
3. An HIV antibody test result of a City employee voluntarily disclosed to another employee may not be further disclosed without special written authorization pursuant to California Health and Safety Code Section 199.21(g). Wrongful disclosure may result in disciplinary action, and criminal and civil liability.

2.1.d Atmosphere of support and safety

Departments shall take steps to ensure that employees with HIV understand that they may safely discuss their illness with supervisory personnel without fear of termination or any other recrimination, and that they have the full support of department management in maximizing their work potential during the course of their illness.

Once such steps have been taken, departments must inform all employees of these steps in order to

create an atmosphere in which employees with HIV feel safe and supported in voluntarily disclosing their situation, if they choose, to their supervisor, so that management and the employee may act as partners in accommodating the needs of the employee.

.2.1.e Sick leave and benefits

Employees with HIV shall have the same rights to sick leave and other benefits as any other employee.

If an employee has a pattern of extensive use of sick leave, and abuse is suspected, the City has a right to verify the validity of the claim and the extent of the impact of the illness on job performance, present and future. This right can be exercised by requesting that the employee provide either adequate documentation from a physician or a release for City personnel to consult with the employee's physician directly, in accord with current City policy on sick leave monitoring. Such documentation and/or consultation shall be solely for the purpose of validating a sick leave claim and establishing its job impact, and shall not include the exact nature of the illness without the express consent of the employee.

2.1.f Counseling and support services

Employees with HIV disease, and employees dealing with HIV-related issues (such as bereavement, the need to care for loved ones, or safer sex issues), shall be provided referral to appropriate, supportive counseling and support services. The City AIDS Coordinator shall develop and update a list of such referrals, and shall distribute the list to all departments.

2.1.g Bereavement leave

The City Council has previously voted to "extend family sick leave and bereavement leave benefits to City employees with domestic partners in accordance with Recommendation #104 of the Task Force on Family Diversity" (Council File # 85-0726). This same action specifically approved inclusion of domestic partners in the definition of "immediate family" for family sick leave and bereavement leave allowances. Such benefits are subject to the collective bargaining process where appropriate.

2.1.h Refusal to work with an employee with HIV

Employees who refuse to work with a fellow employee with HIV shall be counseled and provided adequate access to HIV transmission information.

Following such education and counseling, if an employee continues to refuse to work with an HIV-infected employee, that employee may be subject to disciplinary action.

Supervisory personnel shall be responsible for taking all necessary steps to promote and maintain a work environment free of harassment of any kind against persons with HIV infection.

2.1.i Procedure review

All City departments shall review all personnel policies and procedures in order to bring them into compliance with this section.

2.2 Workplace Safety

2.2.a Casual contact

HIV is not spread through casual contact. Employees have nothing to fear from working with an HIV infected person in the normal course of their job duties.

2.2.b Exposure

HIV transmission in the workplace is possible only if an exposure occurs. An exposure is any incident in which the blood or blood products of one person directly enter the blood system of another (e.g., needle stick injury). The Medical Director shall be responsible for defining exactly which workplace incidents constitute an exposure, and for disseminating this information to City Departments.

2.2.c Risk evaluation

All City Departments shall conduct an analysis of the risk of exposure to blood-borne diseases in the workplace and shall develop new procedures, and/or assess and modify existing procedures, to minimize said risk.

2.2.d Universal precautions

All City Departments shall implement universal precautions and staff training for any circumstances where there is likely exposure to blood or blood products on the job, including rendering of first aid to bleeding persons. The Medical Director shall be responsible for defining such universal precautions and for disseminating this information to all City Departments. Departments shall ensure that they have adequate supplies on hand to implement the universal precautions as defined by the Medical Director.

Because HIV is only one of the infectious diseases that City employees could conceivably be exposed to during the course of their employment, it is essential that City employees be given adequate training on the universal precautions necessary to minimize occupational exposures to all infectious diseases. The Personnel Department shall be responsible for ensuring that such training takes place in all City Departments.

Universal precautions, by definition, are precautions which are implemented regardless of the known or perceived risk that the source person carries HIV or any other infectious disease.

2.2.e Exposure reporting

An employee who feels that he or she may have suffered an exposure on the job shall report the incident to supervisory personnel and to the City Medical Director. No further disclosure of the incident shall take place without the express consent of the exposed employee, except as required for the documentation of a Workers Compensation claim. Such documentation of the incident for Workers Compensation purposes shall not contain any reference to the medical condition of either the source person or the exposed worker, but shall only contain a description of the incident.

The Medical Director shall be responsible for determining whether an exposure has occurred. The Medical Director shall develop procedures for the reporting and tracking of exposure incidents in City Departments. Such procedures shall be developed so as to protect the confidentiality, and anonymity where possible, of exposed employees and source persons in exposure incidents.

2.2.f Rights of exposed employees

An employee who is determined to have been exposed or potentially exposed to HIV infection on the job is entitled to the same rights and protections as an employee with HIV infection, as defined in Section 2.1 above. No employee shall be involuntarily pulled from active job duties solely as a result of exposure to HIV infection on the job, unless otherwise medically indicated.

Whenever a City employee is exposed to an infectious disease as a part of his/her employment, the City is committed to provide reasonable medical treatment and appropriate prophylaxis, if any, to prevent the onset of disease or to mitigate its effects.

The Medical Director shall be responsible for developing and updating specific procedures on medical treatment for exposed employees.

Exposed employees shall also be provided accurate and current medical information about HIV, and referral to counseling, treatment, and psychosocial support services.

2.2.g Source persons

If the Medical Director determines that an exposure has occurred, and the source person is known, appropriate City staff shall attempt to obtain a voluntary HIV test from the source person. Procedures for such voluntary testing shall ensure that no further disclosures of the source person's identity are made. Under no circumstances shall source persons be coerced, threatened, or pressured in any way to take a voluntary HIV test.

Where provisions for mandatory testing of source persons are established by statute, such mandatory testing shall follow appropriate guidelines and procedures as specified in the statute. If not specifically prohibited by the statute involved, such testing shall be anonymous.

The Medical Director shall be responsible for developing procedures for voluntary testing, which shall be reviewed by the City Attorney.

Adequate pre- and post-test counseling shall accompany all HIV testing of source persons.

Source persons shall have the right to know the results of any HIV antibody test conducted by the City of Los Angeles, whether voluntary or mandatory, and such disclosure shall be accompanied, if the source person tests positive for HIV, by current and accurate information on available treatment options to retard the progression of HIV disease. Source persons shall also have the right to decide not to be informed of the results of an HIV test.

The HIV status of source persons voluntarily tested by the City of Los Angeles shall not be disclosed to any other person without the express consent of the source person. Source persons are entitled to similar privacy and confidentiality protections to those defined in Section 2.1 above. Exposed employees shall be explicitly advised of City policy on non-disclosure of the HIV status of source persons.

2.2.h Persons in City custody

Persons in City custody shall not be screened under any circumstances for HIV infection. No person in City custody shall be forced, coerced, or in any way compelled to take a mandatory HIV antibody test, except as permitted by statute.

No person in City custody shall be requested to take a voluntary HIV antibody test, unless that person is a source person in an exposure of a City employee as defined in Section 2.2.g of this policy, or is believed to be a source person in an exposure of a crime victim or other person as specified by statute. In such instances, the same policies regarding source persons shall apply to a source person in custody.

Persons in City custody who are known to have HIV disease shall not be routinely segregated from other persons in custody except as may be required by law. If a person in custody with HIV disease is threatened or harassed by other persons in custody, City departments shall follow the same policies used when a person in custody is threatened or harassed for other reasons.

All persons in City custody must be provided access to the following: written HIV prevention information; information on the availability and location of voluntary, anonymous HIV testing; information on HIV-related services in the

community; and information on early intervention and treatment for HIV disease. Such information must be available in English and Spanish.

All persons in City custody shall be provided access, upon discharge from City custody, to the same type of AIDS prevention kits which the City distributes under its AIDS education programs (kits containing, at a minimum, AIDS prevention information, condoms, and bleach).

The City shall work with community-based organizations which provide AIDS information to find appropriate ways to give such organizations access to persons incarcerated by the City in order to enhance AIDS prevention efforts with such persons.

The HIV status of a person in City custody shall not be disclosed to any other person without the express consent of the person in custody, except where provided by statute.

Persons with HIV disease in City custody shall have the right to access to medications prescribed to them by a physician, and to medical care appropriate to their condition.

2.2.i Providing assistance to members of the public

City employees shall not refrain from providing assistance to members of the public, where such assistance is expected as part of the performance of their job duties, based upon the perceived HIV status of the person to whom assistance is to be rendered.

2.3 Training

2.3.a Basic HIV training for all employees

All employees of the City of Los Angeles must receive basic training about HIV disease.

This basic training shall consist, at minimum, of the following: basic medical facts about HIV infection and HIV disease; information on how HIV is and is not spread; methods of preventing HIV transmission, including universal workplace precautions and safer sex practices; reduction of myths and fears about HIV transmission; information about legal, civil rights, and personnel issues

affecting HIV in the workplace and in the community; information about City policy on AIDS issues, including workplace exposure management; and information about services, monitoring and treatment options available to persons with HIV disease.

Basic HIV training shall be designed so as to give employees current and accurate information not only about HIV issues in the workplace, but also about potential risk of HIV infection in their personal lives and those of their loved ones. Training shall assume that some employees being trained may already be infected with HIV, and may therefore need information on treatment and support services, without in any way singling out such employees for identification.

Training must emphasize to all employees that there is no danger of HIV transmission from casual contact with an infected person in the normal course of job duties. HIV is not transmitted via sharing food or utensils, touching, sneezing, inhaling the same air, sharing phones, sharing drinking fountains, or any other type of casual contact.

Training must also emphasize the City's supportive policy toward employees with HIV. City policy on discrimination, confidentiality, and reasonable accommodation must be explained in detail. Employees must be made aware of the fact that for many persons with HIV, continuing to work is a vital positive factor in their emotional health and prolonged survival.

Managers and supervisory personnel shall in addition receive training in all aspects of the City AIDS policy which affect their duties and responsibilities, including policies on privacy, confidentiality, and workplace safety.

2.3.b Who is to be trained

All current City employees must receive this basic training in AIDS issues within two years of the adoption of this policy by the City Council. All new hires must also receive this basic training, either as part of their initial orientation or within six months of hire.

2.3.c Responsibility for training

The Personnel Department shall be responsible for developing, implementing, and monitoring basic HIV training.

The City AIDS Coordinator, the City AIDS Advisory Panel, the Medical Director, and the City Attorney shall work in partnership with the Personnel Department to ensure the ongoing accuracy and currency of HIV training curricula in City Departments.

Department General Managers shall be responsible for ensuring that required training is implemented in their Department.

2.3.d Yearly updates

The Personnel Department, in partnership with the City AIDS Coordinator, shall develop and disseminate updated written HIV information to all employees at least once per year, or as often as major new information warrants.

2.3.e Special risk Departments

In certain City Departments, there is a clear and routine risk of employee exposure to blood or blood products on the job.

In all such Departments, specialized HIV training shall be developed by that Department in partnership with the Personnel Department. Such training shall include all of the elements of the basic HIV training, plus detailed information on specific workplace hazards and how they are to be minimized, and additional instruction in workplace exposure management.

The Medical Director shall be responsible for defining which Departments are to be considered special risk departments.

2.4 Ongoing policy review

Each City Department shall designate an AIDS liaison. These Department liaisons, as a group, shall constitute the City AIDS Task Force, which shall be chaired by the City AIDS Coordinator.

The City AIDS Task Force shall meet at least quarterly to review and monitor AIDS policy implementation in the Departments, and to provide a forum for the discussion of AIDS-related issues among Departments.

The City AIDS Task Force, the City AIDS Coordinator, the City Medical Director, the City Attorney, and the AIDS Advisory Panel, shall review the City AIDS policy at least once each year, and shall report back to the City Council any recommendations for additions or modifications.

The City AIDS Task Force shall have a standing committee on workplace safety issues, which shall consist of the City AIDS Coordinator, the City Medical Director, and representatives from the Personnel Department, the City Attorney, and such additional Departments as the City Medical Director shall define as special risk departments under Section 2.3.e of this policy. The Task Force may establish other standing committees as needed.

SECTION THREE: THE CITY'S ROLE IN AIDS PREVENTION AND THE SYSTEM OF CARE

3.1 The AIDS Residential Program

The City has established an AIDS Residential Program (CF #89-2578), to provide capital funding and planning support for a comprehensive system of residential care for persons with HIV disease.

City policy for the AIDS Residential Program is defined in the following documents:

"An Overview of Residential Service Needs for Persons Living with HIV/AIDS", adopted by the City Council as policy on February 14, 1990 (CF #89-2578); concurred in by the Mayor on February 20, 1990.

"AIDS Residential Plan: An Outline for a System of Care", drafted by the City AIDS Coordinator for the Los Angeles County/Community HIV Strategic Plan.

Attachments 2 and 4 of the Notice of Funds Availability for the AIDS Residential Program, approved by the City Council on February 14, 1990 (CF #89-2578); concurred in by the Mayor on February 20, 1990.

These documents appear as Appendices A, B, and C, respectively, of this policy document.

3.2 Public awareness

The City has also established an AIDS public awareness program, as part of its AIDS education efforts.

The City has a responsibility to fund public awareness programs which are intended to accomplish, at minimum, all of the following: greater public awareness of the seriousness and direct impact of HIV disease on the community; information on the legal issues surrounding HIV and the civil rights of persons with HIV disease; dissemination of accurate information on how HIV is and is not spread and how it can be prevented; promotion of behavior change to enhance HIV prevention efforts; reduction of myths and fears about HIV and persons with HIV; fostering of greater tolerance and compassion towards persons with HIV; and awareness of the urgency and availability of early intervention and treatment against HIV disease.

The City shall seek to identify and fill gaps in AIDS public awareness programs developed by other levels of government, but shall avoid duplicating those programs in areas where they are deemed adequate.

All City Departments shall also identify creative ways in which Department resources can be used to accomplish the mission of the AIDS public awareness program. Specifically, all City Departments with public contact shall together with the City AIDS Coordinator identify ways to disseminate AIDS public awareness information through such public contact. The City AIDS Coordinator shall work with the City AIDS Task Force to develop, provide, and update a standard set of AIDS awareness materials for display in City offices with public contact.

3.3 Targeted AIDS prevention

The City shall also seek to identify and fill gaps in targeted AIDS prevention directed specifically at populations at risk for HIV infection.

Such targeted prevention programs are intended to directly promote and empower behavior change among persons at risk for HIV infection, including safer sex practices, non-sharing of needles by injection drug users, and bleach sterilization of needles by injection drug users. Targeted prevention programs shall include but not be limited to: dissemination of written prevention materials; seminars, workshops, and one-on-one outreach; and distribution of prevention kits including bleach and condoms.

Targeted prevention programs, in order to be effective, must be explicit, non-judgmental, accurate, credible, culturally specific, and linguistically appropriate.

3.4 Early treatment information

Now that early treatment is available for persons with HIV disease, the City shall use its resources to promote voluntary anonymous HIV testing, regular immune system monitoring, and aggressive, early medical treatment for persons who test positive.

Such programs must provide persons who may be HIV-infected with adequate information to access testing, monitoring, and care resources in their local area. Programs shall also provide persons with HIV with detailed, up-to-date information about monitoring,

antiviral therapy, prophylaxis against opportunistic infections, and options for accessing care and treatment.

3.5 Program implementation guidelines

The City shall act affirmatively to place special emphasis, in all of its AIDS programs, on reaching underserved communities, including low-income persons, persons of color (African-American, Latino/Latina, Asian/Pacific Islander, and Native American persons) including gay and bisexual men of color, persons who do not speak English, and women. All City programs must be culturally specific, and linguistically appropriate, to the population served. All programs must at least be accessible in both English and Spanish.

The City shall implement its AIDS programs by funding providers in the target communities to design, develop, and carry out the programs. Such providers shall be required to involve representatives of the target populations, and persons with HIV disease, in the design and implementation of the programs.

3.6 Planning and coordination

The City, through the City AIDS Coordinator, shall actively participate in and encourage the development of a coordinated County/City/Community HIV strategic planning process, and a coordinated system of HIV care in Los Angeles County.

SECTION FOUR: THE CITY'S ROLE IN AIDS ADVOCACY -- A LEGISLATIVE AGENDA

4.1 Incorporation into City Legislative Program

This section has been separately reformatted for incorporation into the City's Legislative Program. The reformatted version appears as Appendix D of this Policy.

4.2 Implementation of general principles

The City shall develop, assist in developing, endorse and promote legislation and budget action at other levels of government which is consistent with, and advances the aims of, the general principles outlined in Section 1 of this policy, or which otherwise serves the interest of City residents with HIV as defined by the City Council.

4.3 Specific areas of advocacy

4.3.a Budgets

The City of Los Angeles urges all other levels of government to maximize their AIDS budgets in the areas of prevention, research, treatment, and care, and to revise those budgets upward from year to year as long as the epidemic continues to grow.

4.3.b Coordinated system of care

The City of Los Angeles endorses the concept of a coordinated system of care in Los Angeles County, planned and implemented by a partnership of the County, the Cities, community-based AIDS organizations, persons with HIV, and representatives of all constituencies impacted by HIV disease.

4.3.c Programs by and for affected constituencies

The City of Los Angeles believes that AIDS prevention, treatment, and care programs best serve the people when they are designed and carried out by and for the affected constituencies.

4.3.d Special need populations

The City of Los Angeles recognizes that women, persons of color including gay and bisexual men of

color, low-income persons, persons who do not speak English, and injection drug users have been dangerously underserved by AIDS prevention, research, treatment, and care programs, and urges other levels of government to take special action to correct this imbalance.

4.3.e Substance abuse and HIV

The City of Los Angeles recognizes the intimate linkage between alcohol and other substance abuse and HIV transmission, and urges all levels of government to devote substantial resources to substance abuse prevention, treatment, and care, and to HIV prevention programs which specifically deal with the linkage between substance abuse and HIV transmission.

4.3.f Immigration policy

The City of Los Angeles concurs with the Centers for Disease Control and the National Commission on AIDS that there is no reason for United States immigration policy to deny or inhibit travel, visas, amnesty, permanent residency, refugee status, or political asylum based on HIV status; vigorously opposes such policies where they exist; and urges and endorses the overturning of such policies.

4.3.g Early intervention

The City of Los Angeles believes that early intervention and treatment of HIV disease has become an urgent priority upon which hundreds of thousands of lives depend, and urges all levels of government to work together to develop a comprehensive system of early intervention and treatment, including adequate public information, physician training, and widespread local community access to clinical care and treatment.

4.3.h Health care

The City of Los Angeles believes that levels of government with responsibility for health care must work to ensure that all persons in the United States receive access to adequate health care, regardless of ability to pay.

4.3.i Clinical trials

The City of Los Angeles believes that clinical trials of promising new therapies must be carried out as expeditiously as possible; that women, people of color, injection drug users, and all populations impacted by HIV disease must be included in clinical trials; that mechanisms must be developed and implemented to provide access to experimental therapies for persons with HIV who have no approved treatment alternative, and that such mechanisms must provide equal access for all regardless of ability to pay; that third-party providers must pay for ancillary services associated with administration of such therapies; that persons with HIV disease from all AIDS-affected communities must be actively involved in the planning and implementation of clinical trials; and that information from clinical trials must be disseminated promptly to physicians and patients in all AIDS-impacted communities.

4.3.j HIV testing

The City of Los Angeles opposes any mandatory testing of persons for HIV infection beyond that already provided by statute, and any form of mass quarantine of persons who test positive for HIV.

The City believes that voluntary anonymous and confidential testing is vital for the promotion of AIDS prevention and early treatment, and must be made widely accessible; and believes that all HIV testing must always be accompanied by accurate, supportive, culturally specific and linguistically appropriate pre- and post-test counseling, as well as information about, and direct referral to, treatment for those who test positive for HIV.

4.3.k Education

The City of Los Angeles believes that all public schools must be required to develop and implement age appropriate AIDS education programs at the elementary, junior high, high school, and college levels.

4.3.1 Workplace training

The City of Los Angeles urges all employers to implement comprehensive AIDS training for their own employees, and to find creative ways to use their mechanisms of public contact to enhance public awareness, prevention, and early treatment of HIV disease.

4.3.m Medi-Cal

The City of Los Angeles believes that MediCal reimbursement and the MediCal drug formulary for both inpatient and outpatient HIV care must be kept current and adequate to ensure that low-income persons receive a standard of HIV care equal to that of insured persons. The City also believes that case management should be a covered MediCal benefit.

4.3.n Alternatives to hospitalization

The City supports the development of alternatives to hospitalization, including home health care, home hospice care, and residential hospices, and supports MediCal and other third-party reimbursement adequate to finance such programs.

4.3.o Discrimination

The City of Los Angeles opposes discrimination on the basis of HIV status, endorses and promotes legislation at other levels of government designed to outlaw such discrimination, and calls for the development and adequate funding of specialized enforcement strategies based upon the principles of early intervention, education, and mediation of AIDS discrimination disputes whenever possible.

The City considers persons with HIV to be physically handicapped, and urges inclusion of persons with HIV in all laws that protect the rights of the disabled.

The City believes that persons with HIV have the right to legal services for the protection of their rights.

The City also believes that persons with HIV have the right to prompt and unhindered access to benefits to which they are entitled.

4.3.p Drug subsidies

The City of Los Angeles supports Federal, State, and County programs which subsidize the cost of HIV-related drug therapies for indigent patients.

4.3.q Prevention kits

The City of Los Angeles supports programs at other levels of government which include dissemination of



honest, explicit, accurate, culturally specific and linguistically appropriate AIDS prevention materials, and distribution of prevention kits including bleach kits and condoms.

4.3.r Correctional facilities.

The City of Los Angeles believes that incarcerated persons with HIV must be provided with medical care and treatment equal to the current community standard of care, including, where appropriate, voluntary HIV testing with adequate pre- and post-test counseling, immune system monitoring, knowledge of T-cell counts, antiviral therapy, access to early drug release options, and prophylaxis and treatment of opportunistic infections secondary to HIV disease, in a manner which adequately protects the privacy of incarcerated persons.

The City also believes that AIDS prevention kits including bleach and condoms must be available to incarcerated persons upon discharge, and that condoms must be available within correctional facilities to prevent the spread of HIV infection.

4.3.s Comprehensive care and residential services

The City of Los Angeles encourages and supports capital and operating funding from other levels of government designed to implement a comprehensive system of AIDS care, and an adequate residential licensing system, as outlined in the City's AIDS housing policies in Section 3.1 of this policy.

4.3.t Insurance

The City of Los Angeles believes that third party reimbursers (e.g., insurance companies) must be required to pay policyholders with HIV for any medical services in a category normally covered under a policy, even if such services involve off-label use of a drug or ancillary services related to treatment made available under an early release program, such as Treatment IND, open label protocol, or parallel track.

The City believes that insurers must not exclude HIV as a covered illness, nor raise rates for persons with HIV unreasonably, nor refuse coverage or charge unreasonable rates to employers based on a perception that some of their employees may be HIV-infected.